

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/02/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G313		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/15/2013	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 19038 MISSISSIPPI ST HEBRON, IN 46341			
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W000000	<p>This visit was for investigation of complaint #IN00124626.</p> <p>Complaint #IN00124626: Substantiated. Federal/state deficiencies related to the allegation(s) are cited at W104, 252 and W331.</p> <p>This visit was in conjunction with the PCR (post-certification revisit) to the PCR completed on 01/25/13, to the investigation of complaint #IN00119881 completed on 12/14/12.</p> <p>Dates of Survey: March 11, 12, 13, 14 and 15, 2013.</p> <p>Facility Number: 000832 Provider Number: 15G313 AIMS Number: 100249150</p> <p>Surveyors: Claudia Ramirez, RN, Public Health Nurse Surveyor III - Team Leader Vickie Kolb, RN, BSN, Public Health Nurse Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/26/13 by Ruth Shackelford, Medical Surveyor III.</p>		W000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed to exercise operating direction over the facility to ensure 3 of 3 sample clients (clients A, B and C), and 2 additional clients (clients D and E) had nursing services available to them, from the agency.</p> <p>Findings include:</p> <p>On 03/12/13 at 2:00 PM a record review of nursing personnel files and nursing contract services of the agency was completed. The records indicated the following:</p> <p>RN (Registered Nurse) #1 was hired 01/07/13.</p> <p>RN #1's timecard indicated she was not on the clock from 02/13/13 after 11:00 AM until 03/04/13 at 9:00 AM.</p> <p>LPN (Licensed Practical Nurse) #1's last day of employment was 01/24/13.</p> <p>LPN #2's last day of employment was 01/24/13.</p> <p>LPN #3's last day of employment was 02/07/13.</p> <p>A contract with an outside provider for contract nursing services of two LPN's</p>		W000104	<p>This citation is in error. There were nursing services available to the agency during time specified. The surveyor was informed during the interview that the nurse was taking calls regarding nursing issues.</p> <p>RN was contracted on 1/26/13 to conduct medication administration classes and was available for at time of Nursing Manager's absence if needed. The Nursing Manager was hospitalized from 2/13/13 to 2/15/13. During her absence, she took phone calls in the hospital just like she does when she is home. Director of Community Services redistributed non-nursing portion of job to other staff and worked directly with the contracted nurse and temps to assure services according to the standards, policies and procedures. Two LPNs were hired on 3/11/13. On 4/8/13, an RN was hired as Director of Health Services. One LPN position remains open with a temporary nurse filling in until a suitable replacement can be found. So at the present time, The Arc Northwest Indiana employs two RNs, two LPNs, and one temp LPN.</p> <p>All other homes were affected by this dramatic change in nursing</p>		04/07/2013	

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	<p>was signed 02/18/13. Contract LPN #1's first day of service to the agency was 02/19/13. Contract LPN #2's first day of service to the agency was 02/21/13.</p> <p>On 03/13/13 at 11:45 AM an interview with the RN was conducted. The RN indicated she was hired by the agency 01/07/13 and was currently using the services of a contract agency for nursing services along with herself. She indicated she took calls for the agency and was available by pager after hours. She indicated she went on sick leave on 02/13/13 and was in the hospital 2 - 3 days, at which time she did not have a pager and was not available to the agency. She indicated the first day the contract LPN #1 worked was 02/19/13. The RN indicated after she was hospitalized she took beeper calls from home. She indicated she was out of the office on medical leave from 02/13/13 to 03/04/13. She further indicated there was no nursing service available to the agency from 02/13/13 to 02/19/13 for clients A, B, C, D and E.</p> <p>This federal tag relates to complaint #IN00124626.</p> <p>9-3-1(a)</p>		<p>staff. These new nurses will serve 54 th and our other group homes. In addition an experienced RN will stay on staff until such time that these new nurses are up to speed with all of the clients care.</p> <p>We now have a contract with a temporary nursing agency so that there is no delay in replacing a nurse should one not be able to fulfill their job duties.</p> <p>In the absence of the Director of Health Services, the Director of Community Services was responsible for assuring policies and procedures and nursing services. The Director of Health Services is taking on this responsibility and is responsible for future monitoring of nursing services.</p>				

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W000252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client B), the facility failed to document and/or collect data outlined in the Individual Support Plan (ISP).</p> <p>Findings include:</p> <p>Client B's records were reviewed on 03/13/13 at 10:14 AM. Client B's ISP was dated 03/21/12 and contained a Repositioning Risk Plan dated 12/2012. The 12/2012 Repositioning Risk Plan indicated data was to be collected every shift, on a daily basis.</p> <p>12/2012: Repositioning Risk Plan: "Reason for the plan: To prevent pressure sores and encourage muscle movement. Baseline: [Client B] currently spends almost all the time he is awake in his wheelchair or bed. He needs to be transferred out of his chair and/or bed to relieve pressure on his back/buttocks as well as to encourage muscle movement. [Client B] should be transferred out of his wheelchair to a bed, chair, or couch every two hours. If he is in bed for the night, he</p>			W000252	<p>Wound tracking sheets for this client are to be completed daily and faxed in. The actual sheet is sent in via interoffice mail weekly. A nurse will review wound tracking sheets and report any findings to the doctor. The wound care tracking sheet and work instructions were revised again on 4/19/13. When deemed necessary, staff will complete the wound tracking sheet and will fax it into the Community Services Nurse daily for review with a hard copy being sent into the office weekly. As stated in W 104 new nursing staff have been hired and will be trained on this procedure by 4/22/13.</p> <p>The Director of Health Services, in cooperation with the Service Coordinator, will review the Community Services Nurse's records to ensure the wound tracking sheets are being completed and reviewed through weekly meetings. Any missing sheets will be reported to the appropriate Area Manager who will hold the direct care staff accountable for their failure to complete the form.</p> <p>This procedure will ensure the</p>		04/07/2013

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	<p>should be turned and checked for wetness every two hours...Staff to monitor on daily logs...Nurse will monitor daily logs. Additional Instructions: Staff are to submit daily logs to their Nurse and Service Coordinator following every shift and submit incident reports to the service coordinator or Nurse within 24 hours of the incident."</p> <p>Client B's record contained skin assessments for the following dates: 03/01, 02, 03, 04, 06, 07, 08, 09, 10, 12 and 13, 2013. The record did not contain skin assessments for the following dates: 01/17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 and 31, 2013, or 02/01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24 and 25, 2013.</p> <p>An interview with the RN (Registered Nurse) on 03/14/13 at 12:45 PM was conducted. The RN indicated according to the risk plans the skin assessments were to be documented every shift and were to be faxed from the home to the nurse. She indicated she did not know where they were being faxed to and there was no documentation on the skin assessments to show that a nurse had reviewed them. She stated client B was at risk for skin problems and pressure sores, therefore "it was important" the risk plans</p>		wound care is being done.				

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	<p>be followed.</p> <p>This federal tag relates to complaint #IN00124626.</p> <p>9-3-4(a)</p>						

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed for 3 of 3 sampled clients (clients A, B and C) and 2 additional clients (clients D and E), by not ensuring nursing services were available and clients (clients A and B) received nursing services according to their medical needs.</p> <p>Findings include:</p> <p>1. On 03/12/13 at 2:00 PM a record review of nursing personnel files and nursing contract services of the agency was completed. The records indicated the following:</p> <p>RN (Registered Nurse) #1 was hired 01/07/13. RN #1's timecard indicated she was not on the clock from 02/13/13 after 11:00 AM until 03/04/13 at 9:00 AM. LPN (Licensed Practical Nurse) #1's last day of employment was 01/24/13. LPN #2's last day of employment was 01/24/13. LPN #3's last day of employment was 02/07/13. A contract with an outside provider for contract nursing services of two LPN's was signed 02/18/13.</p>	W000331	<p>New risk plans have been sent out to the house and will continue to be reviewed annually or as needed. To ensure future compliance, the agency will ensure that a nurse is on staff at all times. RN was contracted on 1/26/13 to conduct medication administration classes and was available for at time of Nursing Manager's absence if needed. The Nursing Manager was hospitalized from 2/13/13 to 2/15/13. During her absence, she took phone calls in the hospital just like she does when she is home. Director of Community Services redistributed non-nursing portion of job to other staff and worked directly with the contracted nurse and temps to assure services according to the standards, policies and procedures. Two LPNs were hired on 3/11/13. On 4/8/13, an RN was hired as Director of Health Services. One LPN position remains open with a temporary nurse filling in until a suitable replacement can be found. So at the present time, The Arc Northwest Indiana employs two RNs, two LPNs, and one temp LPN. All other homes were affected by this dramatic change in nursing staff. These new nurses will serve 54 th and our other group homes. In</p>		04/07/2013		

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	<p>Contract LPN #1's first day of service to the agency was 02/19/13.</p> <p>Contract LPN #2's first day of service to the agency was 02/21/13.</p> <p>On 03/13/13 at 11:45 AM an interview with the RN was conducted. The RN indicated she was hired by the agency 01/07/13 and was currently using the services of a contract agency for nursing services along with herself. She indicated she took calls for the agency and was available by pager after hours. She indicated she went on sick leave on 02/13/13 and was in the hospital 2 - 3 days, at which time she did not have a pager and was not available to the agency. She indicated the first day the contract LPN #1 worked was 02/19/13. The RN indicated after she was hospitalized she took beeper calls from home. She indicated she was out of the office on medical leave from 02/13/13 to 03/04/13. She further indicated there was no nursing service available to the agency from 02/13/13 to 02/19/13.</p> <p>2. On 03/13/13 at 10:14 AM client B's records were reviewed and contained the following dated documents:</p> <p>12/06/12: Cumulative Medical Record Notes indicated client B had a pressure sore to his buttock area that was not</p>		<p>addition an experienced RN will stay on staff until such time that these new nurses are up to speed with all of the clients care. We now have a contract with a temporary nursing agency so that there is no delay in replacing a nurse should one not be able to fulfill their job duties. In the absence of the Director of Health Services, the Director of Community Services was responsible for assuring policies and procedures and nursing services. The Director of Health Services is taking on this responsibility and is responsible for future monitoring of nursing services.4/26/13</p> <p>All nurses were trained on the identification and development of risk plans on 4/25/13. Nursing staff and service coordinators will have reviewed all Risk plans for this house by 4/30/13. Revisions will be made as necessary. Nursing staff in conjunction with the Service Coordinators will train all staff on any new or revised plans by 5/3/13. Training will include staff demonstrating the skills necessary to implement the plans. To ensure continued implementation of the Plans the service coordinator will visit the home 2x per month for two months and monthly thereafter. The coordinator will document any findings in their case notes. The behavior health director will audit these case notes monthly for three months and periodically thereafter.</p>				

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	<p>healed.</p> <p>12/12: Repositioning Risk Plan: "Reason for the plan: To prevent pressure sores and encourage muscle movement. Baseline: [Client B] currently spends almost all the time he is awake in his wheelchair or bed. He needs to be transferred out of his chair and/or bed to relieve pressure on his back/buttocks as well as to encourage muscle movement. [Client B] should be transferred out of his wheelchair to a bed, chair, or couch every two hours. If he is in bed for the night, he should be turned and checked for wetness every two hours...Staff to monitor on daily logs...Nurse will monitor daily logs. Additional Instructions: Staff are to submit daily logs to their Nurse and Service Coordinator following every shift and submit incident reports to the service coordinator or Nurse within 24 hours of the incident."</p> <p>12/12: Fall Risk Plan: "Reason for plan: Maintain health and safety by reducing number of falls. Baseline: [Client B] uses a wheelchair at all times due to his hip prosthesis...Staff need to remind [client B] to wait for assistance in using the toilet or going down ramp in front of home. Staff needs to make sure that [client B] and bathroom floor are fully dried after showering/bathing. Staff need</p>		<p>The nursing staff will also visit the home 2x per month for two consecution and monthly thereafter, with the added responsibility of visually checking/assessing the clients. These Nursing checks will be documented in the cumulative medical record. The director of health and safety will audit the medical records monthly for two months and periodically thereafter.</p>				

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	<p>to monitor [client B] for any seizure activity and assist him as needed to maintain his safety." The risk plan failed to indicate client B was to use a shower chair for safety and specifically how and when the shower chair should be utilized.</p> <p>01/17/13: Cumulative Medical Record Notes indicated client B was discharged from wound clinic.</p> <p>Client B's record contained skin assessments for the following dates: 03/01, 02, 03, 04, 06, 07, 08, 09, 10, 12 and 13, 2013. The record did not contain skin assessments for the following dates: 01/17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 and 31, 2013, or 02/01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24 and 25, 2013.</p> <p>An interview was conducted with the RN (Registered Nurse) on 03/14/13 at 12:45 PM. The RN indicated according to the risk plans the skin assessments were to be documented every shift and were to be faxed from the home to the nurse. She indicated she did not know where they were being faxed to and there was no documentation on the skin assessments to show that a nurse had reviewed them. She stated client B was at risk for skin problems and pressure sores, therefore "it</p>						

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	<p>was important" the risk plans be followed. She also indicated client B was at risk for falls and should utilize a shower chair. She indicated the risk plan failed to indicate how/when staff were to use the shower chair for showering.</p> <p>3. Client A's record was reviewed on 3/14/13 at 1 PM. Client A's record indicated client A's diagnoses included, but were not limited to, Seizure Disorder, Hypertension (high blood pressure), Hyperlipidemia (high cholesterol) and Arthritis. Client A's 7/17/11 ISP (Individual Support Plan) indicated client A did not require a medical care plan. Client A's record indicated Health/Risk Plans (HRPs) in regards to Hypertension, Hyperlipidemia, pain related to Arthritis and Seizures. The HRPs indicated the plans had not been reviewed and/or revised by nursing since 7/14/11.</p> <p>Interview with the RN (Registered Nurse) on 3/13/13 at 11:45 AM indicated all HRPs were to be updated annually.</p> <p>This federal tag relates to complaint #IN00124626.</p> <p>9-3-6(a)</p>						